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Sexual Assault Nurse Examiner/Forensic Nursing Internship

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NURS 498VH Honors Thesis/Project

### Abstract

As new resources and centers are being developed to allow victims of sexual assault to feel a sense of security and privacy during one of the most violating experiences of their lives, it does not decrease the prevalence of sexual assault cases in the United States, nor does it decrease the stereotype of sexual assault and the victims that are affected. Since June of 2018, I have had the opportunity to intern with the Sexual Assault Nurse Examiner at the Children's Advocacy Centers of Benton and Washington Counties in Northwest Arkansas, which provide victims of sexual assault with the resources that were at one point not easily accessible or available. During my internship, I was able to learn in-depth about what goes on behind the scenes when a victim has been sexually assaulted. My experiences throughout my internship have allowed me to learn therapeutic communication on a deeper level, the importance of being an advocate for your patients, and giving each patient the autonomy that they are entitled to no matter what the circumstances are.

## Sexual Assault Nurse Examiner/Forensic Nursing Internship

### **Background**

Sexual assault cases in the United States are seemingly rising at a rate that may be alarming to some, but in fact, they are just being brought to light; over the past few decades, statistically every one in five women and one in eight men are victims of some form of sexual assault in the United States (Archambault & Lonsway, 2019). Whereas cases of sexual assault used to be seemingly minute, the numbers appear to be rising exceedingly within the past several years. The reason that these cases seem to be increasing is due largely in part to the fact that victims have begun to speak out about their experiences more openly; when one person speaks up, it starts a domino effect and other victims feel more empowered to share their stories as well. The suspected rise in reported cases can also be contributed to the newly developing resources that aid in the process of victims receiving medical examinations, mental health counseling, forensic interviewing, and confidential report making. People tend to question why there are more instances of sexual assault than there have been in the past, but the statistics have not drastically changed overnight; rather, there are fewer cases of sexual assault than there used to be, due largely in part to the resources that help the victims feel safe, secure, believed, supported, and empowered.

Statistically, 80-88% of women that are victims of sexual assault were sexually assaulted before the age of 25, and 88% of male victims of sexual assault have had their assault occur before age 25 as well (Archambault & Lonsway, 2019). Before the age of 25, the brain is continuing to develop, and intense outside stressors can affect this process greatly. When instances of severe trauma occur over the most formative years of an individual's lifetime, there are serious adverse effects emotionally, mentally, psychologically, physically, and even

economically. If the brain is continually exposed to adverse effects at an early stage of development, the pleasure and reward center in the brain is triggered, which is also the part of the brain that is associated with substance dependence (Harris, 2014). The prefrontal cortex of the brain is also affected, along with the amygdala, meaning that the centers for impulse control, executive function, and the fear-response area are all inhibited (Harris, 2014). This indicates that an individual exposed to prolonged or repeated instances of trauma is going to be more likely to have issues with substance dependence, impulse control, and how they adapt to fear based on the way that the stress affects their brain.

Each adverse effect that an individual undergoes in the first 18 years of their life can be counted and measured as an adverse childhood experience, or an ACE. In a study conducted at Kaiser Permanente during the years of 1995 to 1997, data was collected to determine how different forms of adverse childhood experiences would affect an individual's future health outcomes and behavioral patterns (Felitti et al., 1998). The ACEs study determined that the more adverse childhood experiences an individual had, the poorer their future health outcomes would be, the riskier their behavior would tend to be, and there would be an increased incidence of developing mental health issues over their lifetime (Felitti et al., 1998). Individuals with higher ACE scores are at an increased risk of developing depression, suicidality, COPD, lung cancer, ischemic heart disease, and several other health outcomes compared to individuals with an ACE score of zero (Harris, 2014). Learning about the different ways in which trauma affects an individual's health outcomes both mentally and physically is important in understanding the process of sexual assault at a deeper level.

## **Internship**

I had the opportunity to intern with the Sexual Assault Nurse Examiner for the Children's Advocacy Center of Benton County, the Children's Safety Center of Washington County, and the Northwest Arkansas Center for Sexual Assault. Each of these centers aims at providing services for victims of assault, for both children and adults. They provide all the resources and services necessary to investigate or for a victim to disclose a sexual assault experience. Each of the centers I worked with offers confidential report making, medical examinations, forensic interviewing, and mental health counseling. Each service is offered at all of the centers, meaning that the victim does not have to go to several places to make their report; all of the services are on-site and enable the victims to only have to go to one location.

Before to my internship, I associated sexual assault with individuals typically over the age of 18, mostly because of the stereotypes that surround what a typical sexual assault case looks like. There is a clear stigma surrounding sexual assault, which is mostly associated with the way that it is portrayed in the media. The perpetrator is always projected to be a stranger and a male, the assault happens at night, alcohol is involved, and the woman supposedly leads him on. Other stereotypes include the victim always being a woman and the assault being reported immediately after it happened. So, what happens when the assault is committed by a family member to a three-year-old boy, who is not able to verbalize the extent of what occurred to a police officer immediately after it occurred? Or what about the instance in which grooming occurs, and the minor does not even realize the extent of what is being done to them? These cases are not the ones portrayed in the movies or shows, but these are the instances that I saw regularly throughout my internship. I spent most of my time at the centers that serve to assist with cases of sexual assault in minors, and I quickly faced the fact that assault, unfortunately,

does not discriminate by age. I saw instances in which children were victims at ages of less than one-year-old, and this is sadly the reality of sexual assault; it does not discriminate based on age, race, gender, or status, because sexual assault can happen to anyone.

During my internship, I was very fortunate to be presented with countless opportunities to observe and partake in all that the centers had to offer. I sat in on medical examinations, observed forensic interviews, attended court meetings, multidisciplinary team meetings, transcribed documents, sorted through medical examination photographs, rode along with an investigator, and remained on call during both days and nights. I learned so much about each service that the centers offer, and how important each one is; the centers would not be all that they are without each of these aspects and members of the multidisciplinary team, and they were incredibly welcoming and receptive to teaching me all that they could during my time working with them.

The nurse practitioner that I spent the most time with during my internship was incredible; she worked full time at the center in Washington County and both centers in Benton County, and had a full-time job at a hospital. Dr. Hannah let me do everything that I was able to, and she made sure that I had several different opportunities to do and see everything that I could during my time with them. I got to sit in on medical examinations, observing the entire process of what is conducted when a victim comes into the center. The medical examination process was very different than I initially suspected prior to witnessing one, and it was much more in-depth than I pictured. The nurse conducting the examination asks a list of questions regarding the victim's recollection of the incident, if they have any, and depending on how long ago the abuse took place, follow up questions are asked regarding the victim's actions following the assault. Questions included asking if the victim showered after the incident, if they changed clothes, if

there was potential that they had the perpetrator's DNA anywhere on them, and the time frame since the incident. The entire questioning process is very thorough and detailed, while at the same time Dr. Hannah always maintained patient comfort and privacy. I remember being extremely impressed with the way that she showed empathy for the victim, making sure to let them know that none of what happened was their fault, that it was very brave of them to even come to the facility in the first place, and that we would do everything that we could do for them as much or as little as the victim wanted. After the questions were asked, a head-to-toe assessment was conducted, where Dr. Hannah observed the victim's entire body for signs of trauma such as bruising, scrapes, deep cuts, chafing, bleeding, and any painful areas. Following the basic assessment, the assessment of the genitalia was conducted, both externally and internally. The mucous membranes were swabbed on several different areas, to be run for potential DNA from the perpetrator on the victim. This part of the examination was often extremely uncomfortable for the victim, and Dr. Hannah made it a point to be as thorough and as quick as she could to make the process a little bit more comfortable. She was nonjudgmental and calming, making sure that each victim felt as at ease as possible during this time.

I was also able to sort through photographs that are taken of trauma and potential abnormalities of the genitalia during the medical examinations, and Dr. Hannah taught me that most of the time the medical examinations do not present signs of trauma, abnormalities, or DNA evidence. I learned the importance of going through the photographs to distinguish what "normal" looks like so that it can be detected more easily if there are deviations that are visualized during the examinations.

While I was able to observe the medical side of everything associated with the advocacy and safety centers, I also had opportunities to observe the forensic and legal sides as well. I sat in



on MDT meetings, in which cases of legality were discussed surrounding the state of some of the victims that they were working with. These meetings were very interesting because I was able to see how each member of the multidisciplinary team worked together, and how each part was necessary for assisting with resolving the issue at hand in each instance. Each part of the team's role was crucial, and the meetings included members of the police department, attorneys, foster parents, medical team members, federal agents, and law enforcement. Seeing the behind-the-scenes aspect of these situations was something that stuck with me because I was able to see how much time, thought, effort, and care goes into each instance of abuse, and how each department works just as hard for one victim as they do for the next.

There was one day that I followed an investigator and did a ride-along with her throughout her day. She told me about what her typical days looked like, as well as what her role was in each case. On the day that I was riding along with her, we went to a behavioral health facility to conduct a forensic interview on a victim who had previously made a report of sexual assault. Seeing what a typical day looks like when a report is made was very interesting, and I was able to have a better understanding of what it looks like on the forensic end rather than just the medical side from this opportunity.

One of the biggest things that I learned while working with Dr. Hannah was how to communicate therapeutically with the people that came into the centers. I was blown away with how comfortable Dr. Hannah made each person feel as soon as they stepped foot into the examination room, and she made sure to explain the entire process of what was going to happen so they could know what to expect. She spoke with a calming, nonjudgmental tone, and made sure to frequently ask if they were doing okay during the examination process. The medical examinations are one of the most uncomfortable parts of the process for the victims, but Dr.

Hannah made sure that each person that came in felt as comfortable and safe as possible during this time. I watched as the victims that came into the centers scared, worried, and uneasy were covered with a blanket of peace and comfort in the examination room with Dr. Hannah. She made me realize the importance of effective therapeutic communication in dealing with the circumstances that they are presented with because it makes such a large impact on the victim's experience at the centers. Understanding that it took an overwhelming amount of courage for the victim to even come into the safety center after something traumatic has happened to them is extremely important in the way that communication is handled. The process of interviewing and examining is difficult and uncomfortable for the victims because they feel as if they are reliving their trauma; however, making sure that they never feel the same way that they did previously while they are being taken care of at the centers is something that made one of the largest impacts on me during my time there. I learned how much it means for even the simplest gesture to be extended to the victim. During one of the medical examinations, I could tell that the young girl was visibly uncomfortable during the process. I walked over to her side and told her that she could squeeze my hand as hard as she needed if she wanted to, and she took my hand immediately. Seeing the look of relief and comfort on her face from something so simple touched me so deeply and made me appreciate the role that the nurses and advocates have each day they come to work. Learning the extent of the effectiveness in therapeutic communication is something that I will be able to take with me into every situation that I encounter in my future nursing practice, as well as extend to each patient that I come into contact with.

One of the hardest parts about working in this field over the past year was learning how to balance empathizing with the victims while not becoming emotionally affected by the situations we were presented with. Being able to separate your emotions in this field is essential

because these cases are very heavy and hard to deal with. There are many situations in which terrible things have been done to a person, they come into the center to make a report, and then during the interview or examination process, they retract their statement. There were several instances in which I felt frustrated on behalf of these people because I wanted them to find the peace and justice that they so badly deserve after the things that have happened to them, but they decided that they did not want those things for themselves. Although these situations were difficult for me to deal with and accept, they pushed me further in my understanding of patient autonomy; remembering and respecting that each person is entitled to their own sense of self regarding their decisions and medical choices was something that I realized each person that worked at the facility had to deal with on a daily basis. There were countless stories that they had about situations in which victims were finally going to be freed from their past and find a new beginning, but they decided to retract their report. While these situations are frustrating, it does not mean that we care for these people any less than the next person. We remain advocates for these patients no matter what the circumstances are, and regardless of the path the individual chooses for themselves. This was one of the hardest things that I faced throughout my internship, but I needed to understand on a deeper level. As health care professionals, we are promising to uphold patient autonomy and serve as patient advocates, even if or when our personal beliefs do not align with the choices that the patient makes. These decisions are not up to us, we must remain just as encouraging, uplifting, and resourceful for our patients as we would in another circumstance.

## **Therapeutic Communication Research**

As a result of the things that I learned during my internship, I wanted to further research the idea of therapeutic communication in the victims of sexual assault to determine if other factors would be more useful in aiding in the victim's comfort level during the interview and examination processes. I decided that the best way to ensure that effective therapeutic communication would be able to be conducted in settings like these would be to have the learning occur at the level of nursing students, rather than on the job training. One thing that I was interested in determining was if there were factors that would help nursing students better understand how to effectively and properly communicate therapeutically to their patients, while they are at the base level of learning. In a study done at the University of Almeria in Spain, a systematic review was conducted to determine the impact of how interventions would affect the communication skills and abilities of nursing students (Gutierrez-Puertas et al., 2020). The researchers discussed the problem that occurs when therapeutic communication is implemented while the health care professional is already in the workforce, leaving less time to focus solely on the way that they communicate with their patients. However, when interventions are implemented at the level of a nursing student, it was found that these interventions improved therapeutic communication between the student and the patients, and better patient outcomes resulted from the interventions as well (Gutierrez-Puertas et al., 2020). One challenge to this idea is that it is difficult to measure the exact effects that therapeutic communication has on patient outcomes because many other aspects play a part in patient outcomes aside from communication. Nonetheless, implementing teaching measures that allow for nursing students to practice communication skills with patients before they are in the real world setting is something that I feel would greatly improve the way that nurses and health care professionals can therapeutically

communicate with their patients. If this set of skills is established early in the nursing career, then there is only room for improvement and the further development of these same skills in the workplace, leading to patients that feel comfortable and trusting of their nurses.

### **Personal Impact**

Throughout this internship, I have noticed several changes in myself that I feel will allow me to be a better nurse in my future career. Prior to my internship, I was not assertive in the face of circumstances that I had not previously experienced. I had a basic level of understanding of therapeutic communication, but I would not have described myself as someone who excelled in communicating with my patients during difficult times. I also did not fully understand the importance or the idea of patient advocacy, because it was not something that I had been able to practice in a clinical setting. However, within the first few days of working with the safety centers and Dr. Hannah, I quickly learned that there was no room for hesitation in the situations we were presented with. I was forced to step out of my comfort zone and aid in things that were uncomfortable for me; I was given opportunities that made me be assertive and step up in the face of uncertainty, and opportunities that furthered my skills in patient communication. I learned the importance of allowing patients to have their autonomy, the importance of being an advocate for your patient (especially when you are all that they have), and the importance of doing all that you can for every patient that you encounter.

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